

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/29/2011	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR ROAD COLUMBUS, IN47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00093352.</p> <p>Complaint IN00093352 -- Substantiated. Federal/state deficiencies related to the allegations are cited at F157 and F364.</p> <p>Survey dates: July 25, 26, 27, 28 and 29, 2011</p> <p>Facility number: 000543 Provider number: 155471 AIM number: NA</p> <p>Survey team: Penny Marlatt, RN, TC Janie Faulkner, RN Diana Sidell, RN Sharon Lasher, RN (July 27 and 28, 2011) Angel Tomlinson, RN (July 25 and 26, 2011)</p> <p>Census bed type: SNF: 16 Residential: 104 NCC: 49 Total: 169</p> <p>Census payor type: Medicare: 16</p>			F0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. Submission of this plan of correction shall not constitute an admission of Four Seasons Retirement Center that the allegations contained in this report are accurate. Four Seasons requests that compliance with State rules be determined through paper review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Other: 153 Total: 169 Sample: SNF: 8 Residential: 7 NCC: 13 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 8/4/11 Cathy Emswiller RN						

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure Resident A's weight loss of greater than 10% in less than one month was reported to the resident's physician. This deficient practice affected 1 of 8 residents reviewed for weight loss in a total sample of 8. (Resident #A)</p>			F0157	<p>Plan of Correction for F157 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. Submission of this plan of correction does not constitute an admission of Four Seasons Retirement Center that the allegations contained in this report are accurate. Four Seasons</p>		08/28/2011

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	<p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 7-27-11 at 11:42 a.m. It indicated she was admitted into the facility on 6-3-11. Her diagnoses, included but were not limited to colitis, c-diff (Clostridium difficile, a type of severe diarrhea associated with use of antibiotics), sepsis, anemia, dehydration, hyponatremia (low blood sodium level), macular degeneration, hypertension (high blood pressure), gastroesophageal reflux disease (GERD or heartburn), hyperlipidemia (high levels of blood fats or cholesterol), arthritis and hypothyroidism. Her clinical record indicated she was discharged to an area hospital on 6-30-11.</p> <p>Resident A's admission weight on 6-3-11 was indicated to be 159.5 pounds. Her weight, as indicated on the Medication Administration Record (MAR), listed her weight on 6-7-11 as 154.5 pounds, on 6-14-11 as 150.5 pounds, on 6-21-11 as 142.0 pounds and on 6-28-11 as 143.0 pounds. This indicated a weight loss of five pounds or 3.1% in 4 days, nine pounds or 5.6% in 11 days, 17.5 pounds or 10.9% in 18 days and 16.5 pounds or 10.3% in 25 days.</p>				<p>requests that compliance with State rules be determined through paper review. The fact that this resident experienced significant weight loss during the rehabilitation stay at Four Seasons was not unexpected, given the diagnoses upon admission. This resident did receive quality care from Four Seasons. Corrective actions for affected residents. Resident #A has been discharged. No corrective action is possible for this resident. Identification of and corrective actions for other residents. Four Seasons' Charge Nurses will review residents' treatment administration records to identify other residents who may have had a significant change in their physical status, as may be indicated by a significant weight loss, which is defined in our internal policy and procedure on weight loss monitoring. Corrective action will include at a minimum immediate notifications and consultation with affected residents' physicians. Measures or systemic changes. Four Seasons' licensed nurses will receive in-service education by August 25 by our in-service coordinator regarding "Physicians and Family Notification" and "Weight Loss Monitoring" policies and procedures (Attachments A and B). Re-education will be done periodically. Monitor corrective actions. The Quality Assurance Committee indicator</p>		

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	<p>In an interview with the Director of Nursing (DON) on 7-27-11 at 3:50 p.m. she indicated the resident was not addressed in the facility's every other week "Standards of Care" meeting in regard to weight loss which was conducted on 6-28-11. She indicated she had conducted an investigation in regard to this resident and she recalled a weight loss of only 13 pounds. She indicated this would not have been a 5% or 10% weight loss.</p> <p>The DON provided a copy of her investigation on 7-27-11 at 4:25 p.m. The investigation indicated a 16.5 pound weight loss. It indicated the Standards of Care meeting on 6-28-11 indicated "the weight loss report prepared by the dietitian reported no triggered weight loss" for Resident #A.</p> <p>In an interview with the Dietary Manager on 7-29-11 at 9:15 a.m., she indicated the dietary department had not been notified of Resident #A's weight loss. She indicated the dietary department would have had an admission weight, a 5 day weight update and a 14 day weight update. She indicated, at the time of the 6-28-11 Standards of Care meeting, the Registered Dietitian had not noted a significant weight change, nor had she been notified by nursing of the continued</p>				<p>tool will be used for monitoring of physician notification will be utilized weekly for two months, then quarterly, according to the Quality Assurance Committee calendar, under the supervision of the Director of Nursing. Date of completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, before September 23, 2011.</p>		

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	<p>weight loss.</p> <p>Review of the nursing notes for 6-14-11 through 6-17-11 and 6-28-11 through 7-1-11 did not indicate a notification of the physician of the weight loss.</p> <p>A policy entitled, "Weight Loss Monitoring," with a revision date of 2-11-04, was provided by the Dietary Manager on 7-29-11 at 11:35 a.m. This policy indicated, "If a resident loses 5 pounds or has a significant/severe weight loss, resident is re-weighted for accuracy immediately and again within 24 hours. If weight loss is accurate, physician is notified and weekly weights initiated within 24 hours...Dietary is notified within 24 hours. Registered dietitian is notified per dietary department." This policy identified a one week weight loss of 1-2% as significant and 2% as severe and a one month weight loss of 5% as significant and greater than 5% as severe.</p> <p>This Federal tag relates to Complaint IN00093352.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>						

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F0281 SS=D	<p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on observation and record review, the facility failed to ensure a resident receiving a breathing treatment ordered to be given on an "as needed" basis to Resident 13 was properly assessed by the licensed nurse prior to administration. This deficient practice affected 1 of 8 residents reviewed for respiratory therapies in a total sample of 8. (Resident #13)</p> <p>Findings include:</p> <p>Resident #13's clinical record was reviewed on 7-28-11 at 1:30 p.m. Her diagnoses included, but were not limited to pneumonia, CHF (congestive heart failure), hypotension (low blood pressure), anemia, pacemaker and small bowel obstruction.</p> <p>Resident #13 was observed during the Medication Pass Observation on 7-26-11. She was observed to receive her oral medications from RN # 2 that date at 8:50 a.m. At that time, Resident #13 indicated she would like to have a breathing treatment. RN # 2 indicated to Resident #13 that she would have RN # 1 come in and administer the respiratory treatment. At no time was RN # 2 observed to ask</p>			F0281	<p>Plan of Correction for F281</p> <p>Corrective actions for affected residents. Resident #13 has been discharged from the facility. No corrective action is possible for this resident. Identification of and corrective actions for other residents. All residents who may receive as-needed breathing treatments might be affected by this same deficient practice. Four Seasons' corrective action for these residents will be to revise our policies and procedures on as-needed breathing treatments such that specific questions are asked about the request for treatment and a clinical assessment is made by the nurse before administering the treatment. Please see Attachment C (Four Seasons revised policy on small volume nebulizer) and Attachment D (the assessment for self-administration of SVN and SVN flowsheet). Measures or systemic changes. Four Seasons staff will receive in-service education by 8/25, conducted by the in-service coordinator, regarding revised policies and procedures on administration of small volume nebulizer treatments. Monitor corrective actions. The Director of Nursing or her designee will discuss results of treatment observation audits at Standards of Care</p>		08/28/2011

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	<p>why the resident wanted the breathing treatment.</p> <p>On 7-26-11 at 9:15 a.m., RN # 1 was observed preparing to administer the respiratory treatment via a nebulizer. RN # 1 was observed verifying the order for the medication. A physician's order for Xopenex 1.25/3 ml (milliliters) to inhale 1 vial per nebulizer every 4 hours as needed was indicated as physician-ordered with an effective date of 6-24-11. RN # 1 was observed to administer the respiratory treatment at 9:25 a.m. At no time was RN # 1 observed to ask the resident why she requested the "as needed" medication, either prior to, during or after the treatment.</p> <p>The Nursing 2008 Drug Handbook indicated it is the nurse's ability to recognize signs and symptoms of allergies or serious reactions that a resident may experience could save that resident's life. It indicated the nurse should record and report clinical changes during the resident's stay. Thus, this questioning for a baseline is essential in order to document any untoward reactions.</p> <p>3.1-35(g)(1)</p>				<p>meetings and at the Quality Assurance Committee meetings. Date of completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, by Friday, September 23, 2011.</p>		

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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation and record review, the facility failed to ensure a resident requesting a breathing treatment ordered to be given on an "as needed" basis was properly assessed by the licensed nurse prior to administration. This deficient practice affected 1 of 8 residents reviewed for respiratory therapies in a total sample of 8. (Resident #13)</p> <p>Findings include:</p> <p>Resident #13's clinical record was reviewed on 7-28-11 at 1:30 p.m. Her diagnoses included, but were not limited to pneumonia, CHF (congestive heart failure), hypotension (low blood pressure), anemia, pacemaker and small bowel obstruction.</p> <p>Resident #13 was observed during the Medication Pass Observation on 7-26-11. She was observed to receive her oral medications from RN # 2 that date at 8:50 a.m. At that time, Resident #13 indicated</p>			F0328	<p>Plan of Correction for F328 Corrective actions for affected residents. Resident #13 has been discharged from the facility. No corrective action is possible for this resident. Identification of and corrective actions for other residents. All residents who may receive as-needed breathing treatments might be affected by this same deficient practice. Four Seasons' corrective action for these residents will be to revise our policies and procedures on as-needed breathing treatments such that specific questions are asked about the request for treatment and a clinical assessment is made by the nurse before administering the treatment. Please see Attachment C (Four Seasons revised policy on small volume nebulizer) and Attachment D (the assessment for self-administration of SVN and SVN flowsheet). Measures or systemic changes. Four Seasons staff will receive in-service education by 8/25, conducted by the in-service coordinator,</p>		08/28/2011

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	<p>she would like to have a breathing treatment. RN # 2 indicated to Resident #13 that she would have RN # 1 come in and administer the respiratory treatment. At no time was RN # 2 observed to ask why the resident wanted the breathing treatment.</p> <p>On 7-26-11 at 9:15 a.m., RN # 1 was observed preparing to administer the respiratory treatment via a nebulizer. RN # 1 was observed verifying the order for the medication. A physician's order for Xopenex 1.25/3 ml (milliliters) to inhale 1 vial per nebulizer every 4 hours as needed was indicated as physician-ordered with an effective date of 6-24-11. RN # 1 was observed to administer the respiratory treatment at 9:25 a.m. RN #1 was not observed to assess the resident's respiratory rate, quality of her breathing, check her oxygen saturation or auscultate her lungs prior to the treatment. After the treatment these assessments were conducted. At no time was RN # 1 observed to ask the resident why she requested the "as needed" medication, either prior to, during or after the treatment.</p> <p>The Lippincott Manual of Nursing Practice Handbook, Third Edition, indicated for elderly persons with pneumonia, they may have subtle</p>				<p>regarding revised policies and procedures on administration of small volume nebulizer treatments. Monitor corrective actions. The Director of Nursing or her designee will discuss results of treatment observation audits at Standards of Care meetings and at the Quality Assurance Committee meetings. Date of completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, by Friday, September 23, 2011.</p>		

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F0364 SS=D	<p>presentation (signs and symptoms), thus should be monitored/assessed for unusual behavior, confusion, alteration in mental status or stupor which could indicate hypoxemia (low oxygen levels), as well as assess for possible heart failure which could indicate decompensation because of increased work load of the heart due to difficulty in breathing, fever or infection.</p> <p>3.1-35(g)(1)</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on interview and record review, the facility failed to ensure Resident A's meal trays were delivered promptly to provide food that was palatable and at the proper temperatures. This deficient practice affected 1 of 7 residents reviewed for food palatability. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 7-27-11 at 11:42 a.m. Her diagnoses, included but were not limited to colitis, c-diff (Clostridium difficile, a type of severe diarrhea associated with use of antibiotics), sepsis, anemia,</p>			F0364	<p>Plan of Correction for F364 Four Seasons is sure that no harm was caused to any of its residents by this alleged deficiency. Our practices are sound, and do ensure that meals are served at palatable temperatures to all residents, including those on isolation. Four Seasons disagrees with the findings of this tag in the survey. Separately, Four Seasons is requesting Informal Dispute Resolution of this particular finding. The following corrective actions are only being submitted in order to comply with ISDH regulatory requirements. Corrective actions for affected residents. Resident #A has been</p>		08/28/2011

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	<p>dehydration, hyponatremia (low blood sodium level), macular degeneration, hypertension (high blood pressure), GERD, hyperlipidemia (high levels of blood fats or cholesterol), arthritis and hypothyroidism.</p> <p>During a confidential interview with interviewee #1 on 7-27-11, the interviewee indicated an observation of Resident #A's meal trays which were left outside her room on the cart that held the isolation items used in the resident's room. Interviewee #1 indicated this was done in the assumption that "someone would take her tray to her." Interviewee #1 indicated on an unknown weekend day that an observation of a lunch tray that had been left in this place outside of the room "at almost 2:00 in the afternoon." Interviewee #1 indicated the resident had not eaten lunch at that time.</p> <p>In a confidential interview with Interviewee #2 on 7-28-11, the interviewee indicated an observation of meal trays outside of Resident #A's room "several times for at least 30 minutes." Interviewee #2 could not provide specific dates or times, but did indicated this issue had been discussed with different unnamed nurses "at least 3 or 4 times," as well as asking for the food to be warmed up. Interviewee #2 indicated the resident</p>				<p>discharged. No corrective action by the facility for this resident is possible. Identification of and corrective actions for other residents. All residents who are on isolation may be affected by this same alleged deficient practice. However, there are no residents on isolation at this date. Four Seasons has revised its policy and procedures for meal delivery and pick-up specifically for residents on isolation, with special attention to proper temperature control. Measures or systemic changes. Four Seasons' Nursing and Dietary staff will receive in-service education by August 25 regarding the amended policy and procedures for meal pick-up and delivery with special attention to proper temperature control. The Registered Dietician or her designee will perform random tray audits weekly for preferred temperature for residents on isolation, when there are residents on isolation. Please see attachments E (Four Seasons meal delivery and pickup policy) and F (Four Seasons cart/food delivery/retrieval log). Monitor corrective actions. The Registered Dietician or her designee will discuss the results of temperature audits at Standard of Care meetings on a regular basis, and will track and report audit results for the Quality Assurance Committee. Date of</p>		

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	<p>did complain on at least one occasion that the food was cold.</p> <p>In interview with CNA #3 on 7-29-11 at 8:10 a.m., she indicated she had cared for Resident #A on several occasions. She indicated the dietary staff would bring the resident her tray and set it up, unless nursing staff would already be with her. She indicated if the nursing staff were already in the room with the resident, then they would set up the meal tray for her.</p> <p>In interview with the Dietary Manager on 7-29-11 at 9:15 a.m., she indicated for any resident on isolation, such as Resident #A, the dietary staff would normally assemble that resident's tray the very last on the cart that would be going to their floor. She indicated that it is done last because they are normally set up with disposable products. She indicated the dietary staff would bring the meal tray down the hall and notify the nursing staff that it was ready [to be delivered into the resident's room.] She indicated for isolation rooms, the nursing staff is responsible to deliver the trays and set them up for the resident. She indicated the dietary staff does not normally go into the resident's room if they are on isolation to deliver trays, only to obtain menu orders. She indicated the dietary staff, including herself, can continue to monitor</p>				<p>completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, by Friday, September 23, 2011.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2011	
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F9999	<p>to see if the meal tray was undelivered. She indicated "a couple of times the server would let me know [name of resident]'s tray was still there, maybe 10 minutes, then I would say something to nursing. She indicated she was unaware of any tray still being in the hall at 2:00 p.m.</p> <p>This federal tag relates to Complaint IN00093352.</p> <p>3.1-21(a)(2)</p> <p>Based on interview and record review the facility failed to ensure 6 of 69 employees reviewed for dementia training were current on their dementia training. (CNA#5, CNA#6, LPN#7, CNA#8, CNA#9, Administrator)</p> <p>Findings:</p> <p>Review of employee files on 7/28, and 7/29/2011, indicated that the required dementia training for CNA #5, CNA #6, LPN #7, and CNA #8 due on 2/28/11 was not completed.</p> <p>The review of the employee files also indicated, that CNA #9's dementia training due on 2/28/11 was completed 12</p>			F9999	<p>Plan of Correction for F9999</p> <p>Four Seasons is sure that no harm was caused to any of its residents by what is described in this observation made by the surveyor. Our dementia training regimen is sound. During the annual training exercise in February of 2011, computer problems may have affected the acknowledgment of completion of the training for some employees. The following corrective actions are being submitted in order to comply with ISDH regulatory requirements. Corrective actions for affected residents. All Four Seasons employees are now current with their dementia training. Identification of and corrective actions for other</p>		08/28/2011

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R0000	<p>days late on 3/12/11.</p> <p>The review of employee files also indicated, that the Administrator's dementia training due on 2/28/11 was completed 107 days late on 6/16/11.</p> <p>In an interview with LPN #4 -Inservices on 7/29/11 at 4:00 P.M., she stated, "yes, we have several employees who are late with their dementia training." "Several were due this past February." "I've sent notices several times. We do the trainings on the computer." "Some of them had trouble with the computer training because they did not log out when they got finished, so it didn't acknowledge."</p> <p>3.1-14(h)(3)</p> <p>The following State Residential findings were cited in accordance with 410 IAC 16.2-5.</p>			R0000	<p>residents.All residents who have dementia might be affected by this same deficient practice. Four Seasons will ensure that, going forward, all employees stay current with their dementia training. Measures or systemic changes. By August 25, Four Seasons managers will receive in-service education on the importance of meeting deadlines for employees' annual dementia training. The managers will communicate the importance of the annual dementia training to all their employees. Annual dementia training will be conducted in February of each year, for all employees. Monitor corrective actions. Audits of compliance will be conducted at the end of February of each year, and results of audits will be brought by the in-service coordinator to the quarterly Quality Assurance Committee meeting which follows February. Date of completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, by Friday, September 23, 2011.</p> <p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. Submission of this plan of correction shall not constitute an</p>		

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R0298	<p>(2) A consultant pharmacist shall be employed, or under contract, and shall:</p> <p>(A) be responsible for the duties as specified in 856 IAC 1-7;</p> <p>(B) review the drug handling and storage practices in the facility;</p> <p>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;</p> <p>(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and</p> <p>(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on record review and interview the facility failed to ensure that Pharmacist Drug Regimen Review was completed within every sixty days. This affected 2 of 7 residents reviewed for Pharmacist Drug Regimen Review in a sample of 7. (Resident #88, Resident #186).</p> <p>Findings:</p> <p>1. During record review for Resident #88 at 8:35 A.M. on 7/27/2011, the record indicated the resident was admitted on 3/21/2006. Review of the "Consultant</p>			R0298	<p>admission of Four Seasons Retirement Center that the allegations contained in this report are accurate. Four Seasons requests that compliance with State rules be determined through paper review.</p> <p>Plan of Correction for R 298 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. Submission of this plan of correction shall not constitute an admission of Four Seasons Retirement Center that the allegations contained in this report are accurate. Four Seasons requests that compliance with State rules be determined through paper review. Four Seasons is sure that no harm was caused to any of its residents by this alleged deficiency. Our practices are sound, as are the practices of our pharmacy</p>		08/28/2011

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	<p>Pharmacist Progress Notes" for Resident #88 indicated a pharmacist review was completed on 9/15/10 and 11/21/10 = 7 days late, 3/3/11 and 5/5/11 = 3 days late, 5/5/11-7/29/11 = 25 days late.</p> <p>On 7/28/2011 at 11:23 A.M., in an interview with the Director of Nursing regarding Pharmacist Drug Review Regimen, she indicated that the Pharmacy Consultant will be here tomorrow or over the weekend. The DON was asked if the Pharmacy Consultant reviews are kept somewhere other than resident's chart. The DON stated, "I thought it was in two months after admit and he was admitted on 5/4/11, so it's not due until last day of this month".</p> <p>2. On 7/28/2011 at 2:00 P.M., the closed record for Resident #186 indicated the resident was admitted on 8/24/2008 and discharged to another facility on 5/18/11. Review of the "Consultant Pharmacist Progress Notes" for Resident #186 indicated a pharmacist review was completed on 9/15/10 and 11/21/10 = 7 days late, 3/3/11 and 5/5/11 = 3 days late.</p> <p>In an interview with the Pharmacist Consultant on 7/29/2011 at 9:00 A. M, regarding inability to locate the pharmacist review for Resident #159 of whom the facility administers his</p>			<p>consultant. Four Seasons disagrees with the findings of this tag in the survey. Separately, Four Seasons is requesting Informal Dispute Resolution of this particular finding. The following corrective actions are only being submitted in order to comply with ISDH regulatory requirements. Corrective actions for affected residents. Resident 186 has been discharged from the facility. No corrective action is possible for this resident. Resident 88's drug regimen review has been conducted by the pharmacy consultant, and future drug regimen reviews will be performed in accord with the IAC, "at least once every sixty (60) days." Identification of and corrective actions for other residents. This finding concerns Four Seasons assisted living residents who receive medication administration services from our facility. Four Seasons staff and the pharmacy consultant will review the historical records of drug regimen reviews performed for all residents covered by this section of the IAC over the past sixty days, and look for instances where the drug regimen review "sixty day" deficiency has occurred or may soon occur. Any of these instances will be reviewed with the pharmaceutical services vendor, and in the future, additional drug regimen reviews will be performed in accord with the IAC, "at least once every sixty</p>			

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	<p>medications, she stated, " two months is the same as 60 days". "You are just being picky." Medical records found a pharmacist review record for Resident #159 in his chart for the healthcare side done in June 2011.</p> <p>Review of document provided by the DON on 7/26/11, "IA2: CONSULTANT PHARMACIST SERVICES PROVIDER REQUIREMENTS Policy"- "Regular and reliable consultant pharmacist services are provided to residents....Procedures A....C. "The consultant pharmacist agrees to render the required service in accordance with local, state, and federal laws, regulations, and guidelines...."</p>				<p>(60) days." Measures or systemic changes. New measures will be put into place to ensure that the "sixty day" drug regimen review deficiency will not recur. The pharmacy consultant "will review the drug regimen of each resident receiving these services at least once every sixty (60) days." Four Seasons staff (residential nurse) will perform periodic audits of records for compliance with the sixty day rule. Attached is a copy of the pharmaceutical vendor's updated policy covering these drug regimen reviews (Attachment 1)Monitor corrective actions. Four Seasons staff will perform drug regimen review audits and bring the audit results to quarterly meetings of the facility Quality Assurance Committee. Date of completion for systemic changes. Corrective actions will be completed by August 28, 2011, and the systemic changes described above will be completed by the next Quality Assurance Committee meeting, by Friday, September 23, 2011.</p>		